

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 8-4-03.

I. DISPUTE

Whether there should be reimbursement for CPT codes: 99211, 97110, 97124, 97035, 97032, and 99241.

II. FINDINGS & RATIONALE

Respondent contends that HCFA-1500s were not received; therefore, they were not audited.

Requestor submitted proof that HCFA-1500s were submitted to the insurance carrier via Federal Express and that medical payment and denial was not in accordance with Rule 133.304.

Neither party submitted EOBs to support services identified as “No EOB”; therefore, they will be reviewed in accordance with *Medical Fee Guideline*.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
12-23-02 1-7-03 1-8-03 1-9-03	99211	\$18.00	\$0.00	No EOB	\$18.00	Evaluation & Management GR (VI) Rule 133.304(b)(c)	SOAP notes supports service billed per MFG, reimbursement of 4 X \$18.00 = \$72.00.
12-23-02 1-8-03 1-9-03	97110 (X4)	\$140.00	\$0.00	No EOB	\$35.00 / 15 min.	Medicine GR (I)(A)(9)(b)	SOAP notes supports service billed per MFG, reimbursement of 3 X \$140.00 = \$420.00.
1-7-03 1-8-03 1-9-03	97124 (X2)	\$56.00	\$0.00	No EOB	\$28.00 / 15 min	CPT Code Descriptor	SOAP notes supports service billed per MFG, reimbursement of 3 X \$56.00 = \$168.00.
1-7-03	97035	\$22.00	\$0.00	No EOB	\$22.00	CPT Code Descriptor	SOAP notes supports service billed per MFG, reimbursement of \$22.00.
1-7-03 1-8-03 1-9-03	97032	\$22.00	\$0.00	No EOB	\$22.00	CPT Code Descriptor	SOAP notes supports service billed per MFG, reimbursement of 3 X \$22.00 = \$66.00.
1-21-03	99241	\$63.00	\$0.00	No EOB	\$63.00	CPT Code Descriptor Evaluation & Management GR (IX)(A-D)	Consultation report was performed by _____. Consultation does not comply with Evaluation & Management GR (IX)(A-D). No reimbursement is recommended.
TOTAL							The requestor is entitled to reimbursement of \$748.00

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code(s) 99211, 97110, 97124, 97035, and 97032 in the amount of **\$ 748.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$748.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 04th day of March 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division